

Applied Promising Practices Toolkit Pilot Project

Provincial Deaf and Hard of Hearing Services Final Report

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1. Project Background

The Federation of Community Social Services of BC (Federation) first launched its Applied Promising Practices (APP) initiative in 2008. They invited community service agencies to identify a practice, activity, strategy, service or program that they believed was making a positive difference for children, youth and families, or for the practitioners and agencies that were delivering services to children, youth and families. In the first wave of APP initiatives, groups based in four areas of the province looked at practices in residential care, clinical supervision in family development work, early years development, and youth hub models¹.

Through a facilitated process, the community agencies and the Federation APP team learned about the promising practices, identified key elements of success (and challenges), compared the practice-based evidence with available research evidence, built ‘communities of practice,’ and encouraged ‘scaling up’ of the most promising practice – examples of scaling up could include expanding the application of the promising practice to additional client groups, program areas, geographical areas or organizations.

The communities of practice encouraged curiosity, reflection, applied research and learning. Some of the groups had short lifespans, whereas others may continue.

In a broader sense, the APP Project also helped the participating agencies and the Federation learn how to increase:

- Organizational capacity to collect and analyze data from ongoing service delivery;
- The use of quality improvement processes for ongoing enhancement of service delivery; and
- The adoption and integration of promising practices in child, youth and family organizations through the timely distribution of new and emerging knowledge to front-line practitioners and program leaders.

In 2013, the Ministry of Children and Family Development’s (MCFD) Applied Practice Research & Learning (APRL) Branch, in partnership with the Federation of Community Social Services of BC, developed the [Applied Promising Practices Toolkit](#). In 2014/15, APRL and the Federation set out to pilot the toolkit with four promising practices. In the summer of 2014, APRL and the Federation initiated the APP Toolkit Pilot Project, in which four promising practices were selected from within the province in order to assess the efficacy of the APP Toolkit prior to promoting it more broadly across MCFD and the social services sector.

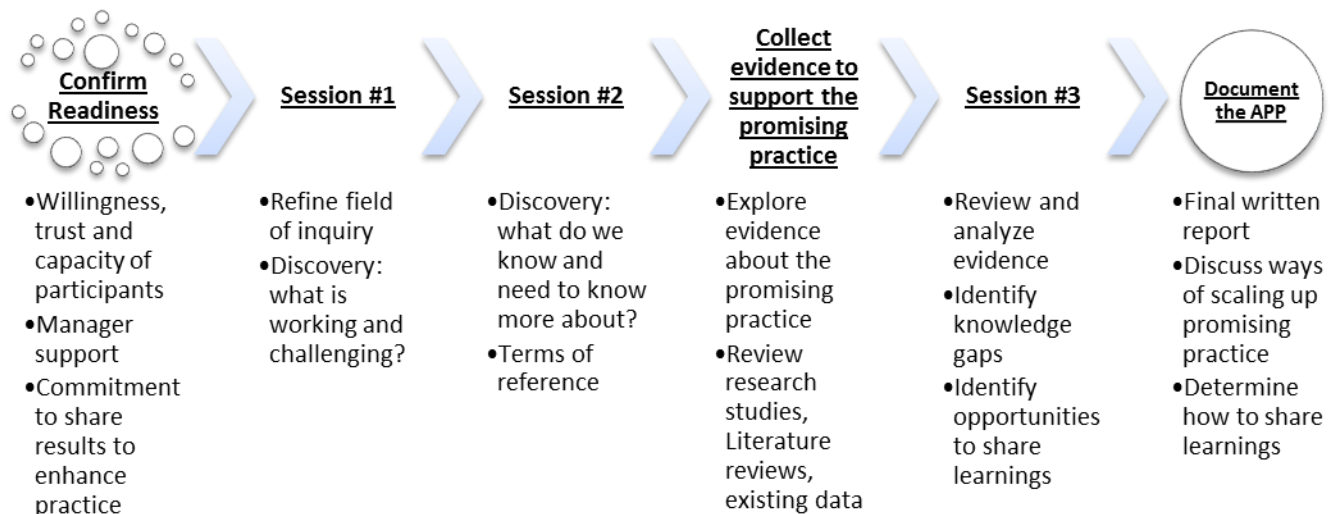
A “promising practice” is an activity, strategy, service or program that has preliminary evidence of effectiveness in smaller scale interventions and for which there is potential to generate knowledge and expand the intervention.

¹ More information can found on their website: <http://fcssbc.ca/alliances/applied-promising-practices/>

2. The Applied Promising Practices (APP) Process

An APP project is, by design, a practice-based, practitioner-driven undertaking; one does not have to be in a formal position of leadership to invite others to participate in the process of co-learning. Shared leadership and responsibility are keys to its success over time. The APP process is designed to be a collaborative and iterative process whereby participants are given the opportunity to examine their own practice-based experiences.

Although the APP approach is considered relatively flexible in nature, there is a general flow to the APP process. In terms of flexibility, additional sessions can be convened, timeframes can be flexible, and participant groups can change over time. The following diagram depicts the general flow of the APP process in identifying, documenting and sharing learnings about promising practices:



2. A) Project Selection – Provincial Deaf and Hard of Hearing Services (PDHHS)

In 2014/15, the APRL Branch set out to evaluate the efficacy of the APP approach and Toolkit, and to assess the resources that are required to carry out APP projects prior to promoting it more broadly across MCFD and the sector. As such, the APRL branch collected and reviewed a variety of proposals for potential APP projects against the following ‘readiness criteria’, which is an abbreviated list of what is outlined in the APP Toolkit itself:

- Willingness, trust and capacity of participants;
- Manager support; and
- Commitment to share results to enhance practice.

The Provincial Deaf and Hard of Hearing Services (PDHHS) was one of four groups selected to participate in the APP Toolkit Pilot Project in the fall of 2014. PDHHS was chosen due to the outstanding staff engagement scores that the 2013 Work Environmental Survey (WES, 2013) revealed.

PDHHS is dedicated to supporting the diverse and multicultural goals of Deaf, Hard of Hearing and Deaf-blind individuals and their families. Here are the programs and services offered through PDHHS:

- The Victory Hill Residential Program (VHRP) provides a supportive and nurturing home-like environment for children and youth who must live away from home in order to attend the British Columbia School for the Deaf in Burnaby (which has Elementary and Secondary programs).
- Family and Community Services offers a supportive and language-rich environment for learning and skill development, as well as family, youth and community development.
- Consultative Services – The Child, Family and Community Consultant serves as the clinical liaison for Provincial Deaf & Hard of Hearing Services.

PDHHS is one of only four facilities within the Ministry of Children and Family Development (MCFD) that has been accredited through The Council on Accreditation (COA). During the APP sessions, staff recalled that the process was not initially easy, and that it took staff members of the organization at least a year to achieve a broad understanding and acceptance of its processes and purpose.

It became apparent through the APP sessions that the adoption of PQI as part of the accreditation process played a very important role in fostering high levels of staff engagement, which in turn, has contributed to high levels of staff satisfaction. PDHHS received very high ratings during their re-accreditation process, which took place four years after their initial accreditation, indicating the high level of efficiency and fidelity with which PDHHS has embraced the PQI process and its philosophies.

The APP project set out to further explore factors contributing to such high levels of employee engagement within in the organization in order to inform broader engagement initiatives within the ministry and public service.

Performance Quality Improvement (PQI) is the process by which PDHHS ensures that each program and service is run effectively and efficiently. PQI evaluates all aspects of each program and service to identify strengths and needed improvements. Stakeholders –including staff at all levels, clients, collateral service providers, and members of the Deaf community – form an integral part of ensuring that the organization lives up to its commitment to Performance Quality Improvement (PQI, 2013).

2. B) APP Participants

At the onset of the PDHHS APP process, it became clear that one of the committees that had formed during the accreditation process in 2008 has played a pivotal role in driving the high levels of staff engagement: the Performance Quality Improvement (PQI) Committee.

It, therefore, made sense that the PQI Committee members, and the Director became the key participants in the APP sessions. The PQI team is made up of members from each program area who volunteer for a four-year term. The team meets quarterly to conduct site visits to programs, collect data, then systematically review, summarize and generate recommendations to the Leadership Team.

The Federation contracted two Project Coordinators to lead many aspects of the project, from planning, to organizing and facilitating the APP sessions, to developing materials, to completing research and reports and arranging unique ways of sharing learnings from each of the pilot projects.

The APRL staff attended sessions and conducted an evaluation of the project with the following objectives:

- To learn about and assess the usefulness of the APP approach;
- To assess the usefulness of the APP Toolkit; and
- To assess resources used in the APP process.

Staff used a number of data sources and methods in order to meet the evaluation objectives, including: debriefing sessions with the facilitator, a participant survey, interviews with key contacts of each of the four projects, focus groups with APRL staff observers, and project documents.

2. C) APP Sessions

The fundamental purpose of an APP project is to learn about promising practices through a collaborative and iterative approach that brings practitioners together as a group to focus on new or emergent practices and their applications and impacts. At these sessions, practitioners share what they think is working, and then through a stepped process, they identify key themes that emerge from the discussion.

Research literature is then explored to uncover evidence that supports the practices that groups feel are successful.

Project Phase	Timeframe	Key Players	Summary
APP Session #1	November 2014	<ul style="list-style-type: none"> • Project Facilitator • APP participants (PQI Team) • APRL Staff member 	In this session, the participants learned about the APP process and discussed some possible factors leading to high levels of employee engagement.
APP Session #2	February 2015	<ul style="list-style-type: none"> • Project Facilitator • APP participants • APRL staff 	<p>At the end of the second APP session, the group identified the following key themes as being essential to the high level of engagement at PDHHS:</p> <ul style="list-style-type: none"> • Supportive Leadership Team • Empowerment of Staff • Strong Team Philosophy and Values • Communication/Transparency
Evidence Collection	February to April 2015	<ul style="list-style-type: none"> • Project Facilitators 	Collection, review and organization of research literature to support key themes discussed as promising practices.
APP Session #3	April 2015	<ul style="list-style-type: none"> • Project Facilitator • APP participants • APRL Staff 	<p>Participants received the research evidence to support the key themes they had identified as contributing to the high levels of employee engagement.</p> <p>Discussions took place regarding how to share the learnings with the larger community.</p>
Knowledge Sharing	Ongoing	<ul style="list-style-type: none"> • APP participants • APRL Staff • MCFD • PDHHS 	As a way of sharing the results of their participation in the Project, the APP participants decided to develop a unique video to be shared with both the deaf and hard of hearing community and more broadly across the ministry and service delivery sector.

2. D) Discovery

At the first APP session, the Performance Quality Improvement (PQI) committee and PDHHS Director met with APP coordinator to explore the factors that lead to such high levels of staff engagement. After the first session the PDHHS staff chose to examine the following promising practice:

“How using a Performance Quality Improvement process leads to high levels of employee engagement and job satisfaction”

APP participants reported that the Performance Quality Improvement (PQI) process ensures that each program and service at PDHHS is run effectively and efficiently. PQI evaluates all aspects of each program and service to identify strengths and needed improvements.

At the second APP session in February 2015, the APP participants identified the Performance Quality Improvement (PQI) accreditation process as pivotal in terms of its ability to foster employee engagement and a number of other success factors, including:

- PDHHS has done an exceptional job at creating a culture of organizational learning, which has led to dynamic communication between staff and leadership, greater cultural cohesion, and subsequently satisfied, engaged and empowered employees;
- It is likely that the length of employee service may actually be a result of high levels of employee engagement, rather than the other way around;
- “Employee cultural cohesion” is a result of the fact that the majority of staff are deaf or hard of hearing and this factor does likely play a role in fostering engagement and ensuring retention;
- The PQI team is made up of members from each program area that volunteer for a four-year term;
- The PQI process is: inclusive, focused on collective performance, solution-oriented, creative, complete and ongoing;
- All employees are oriented in the PQI process, employees anticipate their opportunity to form part of the PQI team, and are encouraged to submit feedback relating to quality improvement at any time.

Through the discussions held during the first two APP sessions, four key aspects that have contributed to PDHHS success became clear, and are explored in the next section.

3. APP Session Findings

The PDHHS APP project set out to explore the factors contributing to the high levels of employee engagement as evidenced in the most recent Workplace Environment Survey (2013). Through the exploratory APP process, four key themes emerged:

1) The Leadership Team – PDHHS leaders fully support PQI and are confident in its process;

2) Empowerment of Staff – Staff are encouraged and supported to take initiative, make recommendations and decisions;

3) Strong Team Philosophy and Values – Collaboration is highly valued at PDHHS: staff support each other's strengths, committees are the backbone of the organization, the PQI process looks at how to improve systems and processes, not at finding individual shortcomings, and cross-training and mentoring are priorities so that others can step in when someone is not present;

4) Communication/Transparency – Communication and transparency are highly valued at PDHHS. The PQI process informs the entire organization on a variety of issues through various communication methods, and staff decisions and recommendations are acted upon and communicated in a timely manner.

“PQI believes in a very professional model – nobody feels targeted, it’s not a negative conversation, it’s more like “Oh this is coming up again, what should we do? It is a very collaborative process.”
~APP participant

3. A) Theme 1: The Leadership Team

The APP participants all agreed that the Leadership Team fully supports the integration of PQI and exhibits confidence in the process. As well, stakeholders – which include employees at all levels, clients, collateral service providers and members of the deaf community – form an integral part of ensuring that the organization lives up to its commitment to PQI.

APP participants explained that the PDHHS PQI team is made up of members from each program area that agree to volunteer on the committee for a four-year term. The team meets quarterly to conduct site visits to programs, collect data and conduct a systematic review from which they summarize and generate recommendations to the Leadership Team.

What makes this process work so well from the staff's perspective is that the Leadership Team is responsible for responding to the PQI's recommendations within 10 business days, and for implementing changes to improve the ability of PDHHS to fulfill its mission in a timely manner. One of the APP participants from the Leadership Team articulated that “the PQI team brings recommendations to us; we look forward to reading them. They always make sense; there is a sense of mutual trust.”

Employees are encouraged to offer concerns or suggestions relating to quality improvement at any time, and once a year, the PQI committee conducts an Occupational Health Survey to solicit feedback from employees on a wide range of topics, including job satisfaction. The results of this survey, as well as the findings and recommendations of the PQI team, are presented with all of the PDHHS employees at an

annual meeting held in June. APP participants indicated that leadership promotes a culture of organizational learning, which is of crucial importance to the health of PDHHS.

Research evidence on this theme says:

3. B) Theme 2: Empowerment of Staff

APP participants talked about how employees, as well as the Leadership Team, are actively encouraged to work collaboratively, and that they do so on a regular basis. There is a vast range of cross-organization committees functioning at the PDHHS at any given time, including the PQI team. As one employee stated, “The committees at PDHHS are like the pillars that hold up the organization and the

“MacLeod and Clarke identify four enablers commonly agreed to lie behind successful engagement approaches. One of these is: Leadership which ensures a strong, transparent and explicit organisational culture which gives employees a line of sight between their job and the vision and aims of the organisation. (2013)

Wong and Lashinger (2012) describe, “authentic leadership” as a pattern of transparent and ethical leader behaviour that encourages openness in sharing information needed to make decisions while accepting input from those who follow”.

PQI is the foundation for all of the pillars.”

Staff empowerment at PDHHS is supported by emphasizing the ongoing training of all employees, and by the decentralized nature of decision-making. As well, the PQI process involves a broad spectrum of employee participation. The main objectives of PQI is to create a culture of feedback among staff and leadership, in particular soliciting ideas and concerns that relate to quality improvement measures in various program areas and adapting services and practices to address those suggestions. The PQI process at PDHHS also places emphasis on providing recognition and rewards to employees.

Research evidence on this theme says:

“Empowerment involves allowing employees greater autonomy and authority to make decisions, however, employee empowerment alone does not ensure employee engagement” (Rogel, 2015).

3. C) Theme 3: Team Values and Cultural Cohesion

In the first APP session, participants noted that, in BC, there is a history of “outside experts” who, though having not lived the experience of being deaf or hard of hearing, were deemed to know what was best for those who were. APP participants reported that they find meaning through seeing the beneficial impact of their work, and they feel connected to the larger community of the deaf and hard-of-hearing. They have a vested interest in the well-being of the community that they are part of, and are highly motivated to see it flourish.

Closely connected to the concept of “cultural cohesion” is the concept of “team cohesion” (Evans & Dion, 1991), which indicates that the organization places a strong importance on collective processes and shared philosophies and values amongst staff. The PQI process informs the entire organization of what is going on through a variety of communication methods, and then employee decisions and recommendations are acted upon and communicated in a timely manner. APP participants identified collaboration as being highly valued within the organization, and one of the core team philosophies that guide their work.

Research evidence on this theme says:

Researchers explain that an emphasis on teamwork, which builds trust and cooperation through interactive participation, provides organizational members with information about their fellow workers and understanding of organizational events. When employees have knowledge of co-worker contributions, higher levels of trust are likely among them (Banker et al. as cited in Valle & Witt, 2001).

According to Kanter, employees are empowered when social structures are present in the workplace that allow them access to necessary information, support, opportunities and resources. (1977, 1993)

3. D) Theme 4: Communication and Transparency

APP participants told us that communication and transparency are highly valued at PDHHS; the PQI process informs the entire organization of what is going on through a variety of communication methods. As well, staff feedback, decisions, and recommendations are acted upon in a timely manner. One participant told us “staff members see the investment of their work being immediately implemented – the recommendations get onto a project list that is monitored – immediate action is taken so that the early investment of those team members is respected.”

An example of their commitment to transparency and an open flow of communication is their Annual Orientation Day. All employees meet to share, engage in recognition activities, and discuss the achievements and challenges of the previous year. It’s also an opportunity for them to discuss short- and long-term goal-setting and planning. They described this event as being very important because employees are made aware of what’s going on in the organization as a whole and are given the opportunity to contribute ideas and suggestions for the betterment of the whole group. This process leads to a greater organizational commitment, which in turn fosters higher employee engagement and job satisfaction.

Research evidence on this theme says:

The point of an open flow of information is “to create transparency so that employees have a ‘line of sight’ about how their behaviour affects their organization’s performance. (Gibson et al., 2007)

Jim Clemmer advocates focusing on the leadership values of “partnership, participation, and involvement” to ensure that a system is in place that will “foster communication necessary to keep ideas flowing” (Clemmer, 2015).

4. Potential Applications of the Applied Promising Practice

Key components of the Applied Promising Practice Toolkit were defined in order to highlight the value of these promising practices and to propose ways in which the learnings can be shared and applied more broadly. This table outlines some possible ways in which the learnings from the PDHHS could be applied by a variety of stakeholder groups.

Discovery and Learnings	MCFD Field Staff	Service Providers	Policy Makers	Strategic HR/ Learning and Development	Funders	Public
a. Authentic Leadership builds trust and respect between leadership and staff	✓	✓		✓		
b. The effect the PQI process has on employee engagement levels	✓	✓	✓		✓	✓
c. Transparent inclusive communication is integral to employee engagement and job satisfaction	✓	✓	✓	✓		
d. The positive impacts of fostering cultural cohesion amongst the staff providing direct client service	✓	✓	✓	✓	✓	✓
e. Employee empowerment directly relates to higher levels of engagement	✓	✓	✓	✓		
f. Shared team philosophy and values allow staff to see where the team is going and why	✓	✓		✓		
g. The use of Annual Orientation Days	✓	✓		✓		

5. Conclusion

The PDHHS APP Project set out to examine the impact that the PQI process had on employee engagement levels. It engaged participants in a collaborative and iterative process in which they identified ways in which the PQI process had worked well, and attempted to discover the driving factors behind those successes. Examples in the research literature provided further validity to the success factors identified by participants.

Through the PDHHS Applied Promising Practices Project, the APP participants identified the following aspects of their promising practice that they believe could inform policy-makers and support other service providers in developing and expanding employee -engagement strategies:

- Leadership must be transformational and must fully support the PQI process;
- Employees must be empowered and supported to take the initiative, and make recommendations and decisions;
- Teamwork/shared values are essential and the strengths of individuals, as well as teams, must be recognized, emphasized and rewarded;
- Dynamic communication values employee involvement and transparency, and creates a culture of feedback throughout the entire organization.

The APP participants believe these promising practices contain valuable practice-based knowledge, which can assist other service providers in fostering greater levels of employee engagement and job satisfaction within their organizations.

When people find a sense of connection and meaning in the community in which they work, it can be a powerful agent for change. The process of PQI at PDHHS engages employees because it connects them to their fellow workers and to the entire organization and its overall mission. It empowers employees to give their best, for the betterment of the organization as a whole, so that it may fulfill its mission to provide the highest-quality services to the deaf and hard-of-hearing community.

PDHHS's transformational leadership team, along with its shared management and decision-making model, commitment to transparency, open communication, cultural cohesion and teamwork, are the driving factors behind its empowered, engaged and committed workforce.

It is hoped that the knowledge generated through this APP project will enhance the ongoing development of policies, planning and decision-making based on practice-informed evidence, and will strengthen the capacity of the ministry and service provider partners to pursue their commitment to excellence and continual quality improvement in the delivery of services to children, youth and families in British Columbia.

Appendix A – Research Evidence Supporting the Promising Practices

This appendix summarizes the research-based evidence found in the literature review phase of the Provincial Deaf and Hard of Hearing (PDHHS) APP Project. The literature review began with an exploration of Performance Quality Improvement Process, and followed up by a discussion of literature that relates directly to each thematic category explored and developed during the APP sessions with participants.

Background of the Performance Quality Improvement (PQI) Process

Performance Quality Improvement (PQI) can trace its roots back to the Japanese and American business communities over 40 years ago, when Quality Improvement (QI) was being looked at by companies as a better way to develop products and deliver services to their customers. In the past four decades, QI has taken on a number of names and forms, including Continuous Quality Improvement (CQI), Total Quality Management (TQM) and Performance Quality Improvement (PQI). The underlying foundation of this service-delivery model is a commitment to excellence and the belief “that people can continuously improve all processes and activities through the application of systematic techniques” (COA, 2013). Over the last three decades, PQI has spread into healthcare, and more recently into education and human services.

PQI “is built on the notion that people want to do their best, want to be involved in decision-making, and want the power to help make things better”(COA, 2013). As such, philosophies and processes that promote employee engagement and empowerment are embedded within the systems of PQI. Implementing PQI philosophies can bring about many positive outcomes for human service organizations. According to COA, among these are an increase in the implementation of best practices, an increase in innovation, and improvements in “workforce retention and satisfaction” (COA, 2013).

PQI is the process by which PDHHS ensures that each program and service is run effectively and efficiently. PQI evaluates all aspects of each program and service to identify strengths and needed improvements.

Theme 1: The Leadership Team Supports a Culture of Organizational Learning

Time and time again, studies cited leadership and a culture of organizational learning as being of crucial importance to the health of any organization or company. The findings can be summarized as follows: authentic/transformational leaders are essential to fostering a culture of organizational learning, which, in turn, leads to greater employee engagement and job satisfaction.

“The MacLeod Report,” which was prepared for the British Government in 2013, took an in-depth look at employee engagement and its potential benefits for companies, organizations and individual employees. In it, MacLeod and Clarke state: “There is no silver bullet that will deliver high levels of employee engagement overnight, and certainly there is no one size fits all solution.” However, they go on to describe the four enablers that may lead to successful engagement approaches. These are:

1. **Leadership**, which ensures a strong, transparent and explicit organizational culture that gives employees a line of sight between their job and the vision and aims of the organization.
2. **Engaging managers** who offer clarity, appreciation of employees' efforts and contributions, and who treat their people as individuals and ensure that work is organized efficiently and effectively so that employees feel they are valued, equipped and supported to do their jobs.
3. **Employees feeling they are able to voice their ideas** and be listened to, both about how they do their jobs and in decision-making in their own departments, with joint sharing of problems and challenges and a commitment to arrive at joint solutions.
4. A belief among employees that **the organization lives its values**, and that espoused behavioural norms are adhered to, resulting in trust and a sense of integrity (2013).

Another important UK report published in 2011 looked specifically at the links between leadership and Quality Improvement in the British National Health Service. Among their key findings was the fact that enabling and facilitating others to make their own contributions was central to leading quality-improvement efforts, and that “the effectiveness of the dialogue and the quality of relationships between people in the system became the foundation for transforming good ideas into tangible improvements” (Hardacre et al., 2011). They recognized a growing body of evidence pointing towards the effectiveness of leadership on the culture or climate of an organization, and how this has been linked to organizational outcomes and quality improvement. They cite Powell (1995) who “concluded that the key to QI performance appeared to lie more with factors like leadership and organizational culture than in tools or techniques like process improvement, quality training and benchmarking,” and several different studies (Lowe et al. 1996; Waldman et al. 2001; Yousef 2000) in which “transformational,” “charismatic” and “consultative leadership” were found to have positive effects on improved performance.

Hardacre et al. (2011) describe the concept of “inclusive leadership,” which resonates with earlier models of “transformational leadership”, as an emphasis on the importance of others as being at least equal to, if not greater than the individual leader, and where the key to “leadership for improvement” is seen to lie within a diverse range of people, rather than in a few elite individuals. This is an approach whereby “senior leaders stimulate a variety of other leaders in an organization” (Ovretveit, 2005) to lead the type of improvement necessary for a given organization. The aim of this approach, they explain, is to “institutionalize improvement into the culture of the organization so that it is not dependent on individual leaders” (Hardacre et al., 2011).

As Wong and Lashinger (2012) describe, “authentic leadership is ‘a pattern of transparent and ethical leader behaviour that encourages openness in sharing information needed to make decisions while accepting input from those who follow’” (Avolio et al. 2009). Authentic leaders request adequate input and perspectives, both positive and negative, prior to making important decisions; they emphasize a level of openness and transparency that encourages others to be forthcoming with their ideas and opinions; and they set a high standard of moral and ethical conduct (Wong & Lashinger, 2012).

Aragon-Correa et al. (2005) found that transformational leadership, in which leaders move individuals beyond immediate self-interests through idealized influence, inspiration, intellectual stimulation, or individualized consideration (Bass, 1999), was highly related to organizational learning, and that a transformational leadership style improved the development of learning within organizations. The

learning culture that developed within the organizations led to greater levels of innovation and performance. They conclude their study by saying “Leaders play a significant role in shaping a firm’s potential to generate innovations by encouraging an appropriate environment and making decisions that promote successful generation and implementation of knowledge” (Aragon-Correa et al., 2005).

Theme 2: Empowerment of Employees

The concept of employee empowerment is embedded within the topics of leadership and organizational learning. Empowerment is a key component of employee engagement and involves allowing employees greater autonomy and authority to make decisions. However, employee empowerment alone does not ensure employee engagement (Rogel, 2015). Transformational leadership has been linked to greater levels of employee empowerment (Kark et al., 2003 as cited in Spreitzer, 2008), and numerous studies have shown that employees who have developed better relationships with their leader display higher leader-member exchange (LMX) and report more empowerment with other team members (TMX) (Spreitzer, 2008).

Authentic leadership theory posits that authentic leaders support “follower self-determination,” which mirrors definitions of “employee empowerment,” which is defined as: “autonomy or discretion to perform one’s work in the way that one chooses, including making decisions about work methods, procedures, pace, and effort (Thomas & Velthouse 1990, Ilies et al. 2005, as cited in Wong & Lashinger, 2012). Avolio et al. (2004) argue that authentic leaders “facilitate higher quality relationships leading to active engagement of employees in workplace activities, which results in greater job satisfaction and higher productivity and performance” (as cited in Wong & Lashinger, 2012).

Kanter’s theories (1977, 1993) of structural empowerment provide a theoretical framework to support many of the key components of PQI. According to Kanter, employees are empowered when social structures are present in the workplace, which allows them access to necessary information, support, opportunities and resources. Access to information includes “having knowledge of organizational changes and policies”; opportunity is provided by giving employees “access to learning and development”; access to support involves “receiving feedback and guidance from subordinates, peers, and superiors,” which facilitates autonomous decision-making and innovation by minimizing the need for multiple layers of approval. According to Kanter’s theory, when employees have access to these working conditions, they are empowered to do their work (Wong & Laschinger, 2012).

Theme 3: Team Values and Cultural Cohesion

The literature review on this theme revolved around the concept of “group cohesion” (also referred to as “cultural cohesion” depending on the group dynamics). A meta-synthesis of literature on the topic of group cohesion as it applies to employee engagement, job satisfaction and professional excellence revealed a strong correlation between the two (Evans & Dion, 2012). The study showed that team members who felt most connected, like they “belonged” to the group, were most likely to demonstrate higher levels of commitment and achieve greater success (Bird, 1977; Evans & Dion, 2012).

Studies also showed that group cohesion was most likely to occur in organizations where the leaders were actively promoting shared values and philosophies and were “task-oriented” in their approach to

problem solving and group engagement (Bird, 1977). Another study that tested the relationship between transformational leaders and group cohesion found that “transformational leaders embodied characteristics of being charismatic and influential in their ability to make employees do more than what was expected of them at work” (Avolio et al., 1999). Similarly, Bass (1985) suggested that “employees were more likely to devote additional extra effort at work if they reported to a transformational leader who guided their employees by stimulating them and inspiring their trust.” These findings are in line with previous studies focused on the relationship between transformational leadership and team/group cohesion (Moore, 2008; Chan, 2005; and Pillai et al., 1999).

May et al. (2004) propose that “work engagement augments through psychological safety. Psychological safety is defined as a feeling of self-expression without the feeling of sharing of negative outcomes.” They have suggested that directive and supportive leadership can improve feelings of psychological safety among employees, which in turn, firms up group cohesion. A key aspect of psychological safety according to May et al. is a leader’s ability to not use “aggressive and critical judgment” when determining performance standards and criteria for employees. This relates directly to PDHHS and the PQI process, which encourages consensus and feedback for determining performance standards and problem-solving.

The research also provided strong evidence as to the importance of teamwork as a method for encouraging group cohesion. Kalisch (2007) reported numerous studies that have concluded that teamwork leads to higher levels of job satisfaction. For example, Amos et al.’s 2007 study that found that introducing team-building activities among nurses resulted in greater employee communication, stronger interpersonal relationships and greater job satisfaction. Researchers explain that an emphasis on teamwork, which builds trust and cooperation through interactive participation, provides organizational members with information about their fellow workers and understanding of organizational events. When employees have knowledge of co-worker contributions, higher levels of trust are likely among them (Banker et al. as cited in Valle & Witt, 2001).

Theme 4: Communication and Transparency

Two of the themes that emerged from the APP sessions regarding the success of PDHHS in achieving high levels of engagement is the strong value that it places on communication, transparency and teamwork. The PQI process informs the entire organization of what is going on through a variety of communication methods, and employee decisions and recommendations are acted upon and communicated in a timely manner. In addition, collaboration is highly valued within the organization. Beginning with the Leadership Team, employees are actively encouraged to work collaboratively, and do so on a regular basis. There is a vast range of cross-organization committees functioning at the PDHHS at any given time, including the PQI team. As one employee stated, “The committees at PDHHS are like the pillars that hold up the organization, and the PQI is the foundation for all of the pillars.”

The importance of communication and transparency was touched on in the discussion of organizational learning and Kanter’s theories of structural empowerment. In Spreitzer’s (2007) review of more than 20 years of research on empowerment at work, she described the characteristics of “empowered organizations.” Many of the characteristics she describes can be directly found in a well-functioning PQI system, including:

- **Participation in decision-making:** Employees and/or teams may have input into and influence over decisions ranging from high-level strategic decisions to routine day-to-day decisions about how to do their own jobs (Lawler, 1986). Increasingly, self-managing teams are the mechanisms for building authority and accountability (Gibson et al., in 2007).
- **Open flow of information:** This includes the downward flow of information (about clear goals and responsibilities, strategic direction, competitive intelligence and financial performance in terms of costs, productivity and quality) and the upward flow of information (concerning employee attitudes and improvement ideas). The point is to create transparency so that employees have a “line of sight” about how their behavior affects firm performance (Gibson et al., 2007). Those with better information can work smarter and thus make better decisions.
- **Flat organizational structures:** Empowering organizations tend to be decentralized where the span of control (i.e. more subordinates per manager) is wide (Spreitzer, 1996).
- **Training:** Education efforts enable employees to build knowledge, skills and abilities – not only to do their own jobs better, but also to learn new skills and about the economics of the larger organization (Lawler, 1996).

Each of these practices contributes to employee empowerment by increasing their access to opportunity, information, support or resources (Spreitzer, 2008).

Jim Clemmer, Canadian best-selling author and leadership development consultant, described how often when faced with difficulties, managers hire an outside consultant to provide a solution. The consultant then interviews employees, runs focus groups and gathers information from a variety of other sources. Clemmer explained that what is disappointing about this approach is seeing how often managers get excited about the ideas presented to them by the “outside expert” when, in fact, they are often ideas that came from within the organization itself, but that managers had failed to hear. He advocates focusing on the leadership values of “partnership, participation and involvement” to ensure that a system is in place that will “foster the communication necessary to keep ideas flowing” (2015).

Clemmer (2015) goes on to cite several studies that support this view. For example, the University of Southern California’s Marshall School of Business found that “companies that adopt employee involvement measures, such as work teams and employee participation in decision making,” experienced a significant increase on their average return on sales compared to low-involvement companies. And in a study of a large insurance company, J. Howard & Associates found that the 20% of managers seen as less inclusive ran the least profitable units, while the 20% of managers considered to be more inclusive had units with 60% higher profitability.

An online survey conducted by the Harvard Business Review, which included more than 2,700 respondents from many parts of the world, found that the majority of leaders who responded admitted to avoiding giving feedback, while 64% of respondents said “they are not praised or recognized too much,” and almost two-thirds of respondents agreed that “my performance and possibilities for success in my career would have increased substantially if I had been given more feedback.” Clearly, being in a work environment that promotes the open flow of information and provides encouragement, recognition and ongoing feedback is conducive to high levels of employee engagement and satisfaction.

Appendix B - Bibliography

- Abbasi, E., Zamani-Miandashti, N. (2013). The role of transformational leadership, organizational culture and organizational learning in improving the performance of Iranian agricultural faculties. *Journal of Higher Education*, 66: 505 – 519.
- Adam, E. et al. (1997). An International Study of Quality Improvement Approach and Firm Performance. *International Journal of Operations & Production Management*, 17: 842-873.
- Aragon-Correa, A., Garcia-Morales, V., Cordon-Pozo, E. (2007). Leadership and organizational learning's role on innovation and performance: Lessons from Spain. *Industrial Marketing Management*, 36: 349 – 359. doi: 10.1016/j.indmarman.2005.09.006
- Avolio, B. J., Bass, B. M., & Jung, D. I. (1999). Re-examining the components of transformational and transactional leadership using the Multifactor Leadership. *Journal of occupational and organizational psychology*, 72(4), 441-462.
- Babakus, E., Yavas, U., Karatepe, O, & Avci, T. (2003). The Effect of Management Commitment to Service Quality on Employees' Affective and Performance Outcomes. *Journal of the Academy of Marketing Science*, 31: 272-286. doi: 10.1177/0092070303253525
- Bass, B. (1999). Two Decades of Research and Development in Transformational Leadership. *European Journal of Work and Organizational Psychology*, 8: 9-32.
- Bird, Anne Marie. "Team structure and success as related to cohesiveness and leadership." *The Journal of Social Psychology* 103.2 (1977): 217-223.
- BlessingWhite Research & GP Strategies. (2013). Employee Engagement: Research Update. Beyond the numbers: A practical approach for individuals, managers and executives.
- Chang, W-Y., Ma, J-C., Chui, H-T., Lin, K-C., & Lee, P-H. (2009). Job Satisfaction and perceptions of quality of patient care, collaboration and teamwork in acute care hospitals. *Journal of Advanced Nursing*, Blackwell Publishing Ltd.
- Cho, J., Laschinger, H., & Wong, C. (2006). Workplace Empowerment, Work Engagement and Organizational Commitment of New Graduate Nurses. *Nursing Leadership*, 19: 43 – 60.
- Clemmer, Jim. Engagement is an Inside Job. *The Clement Group*. Retrieved at: www.clemmergroup.com/articles/engagement-inside-job/
- Clemmer, Jim. Empowerment Through Passion and Commitment. *The Clement Group*. Retrieved at: www.clemmergroup.com/articles/empowerment-passion-commitment/
- COA. (2013). Quality Improvement: A Key for Success. Retrieved at: <https://coa.my.salesforce.com/sfc/p/#30000000aAUNIrRdDyXPGcrjubM9OugzuZH8gs=>
- COA. (2015). Performance and Quality Improvement. Retrieved at: <http://coanet.org/standard/pqi/>
- COA. (2015). PQI Core Concept and Practice Standard Rating Indicators. Retrieved at: <https://coa.my.salesforce.com/sfc/p/>

- COA. Sustaining and Spreading Performance Improvement: Results of a Qualitative Research Study. Retrieved at: <https://coa.my.salesforce.com/sfc/p/300000000aAU6E11dxYXPVDwOAA3LhHswlZiavU=>
- Graves, L. & Luciano, M. (2013). Self-determination at work: Understanding the role of leader-member exchange. *Motivation and Emotion*, 37: 518 – 536. doi: 10.1007/s11031-012-9336-z
- Hardacre, J., Cragg, R., Shapiro, J., Spurgeon, P., & Flanagan H. (2011). What’s Leadership got to do with it? Exploring links between quality improvement and leadership in the NHS. *The Health Foundation*. Retrieved at: www.health.org.uk/publications/what-s-leadership-got-to-do-with-it/
- Harvard Business Review. (2013). The Impact of Employee Engagement on Performance. *Harvard Business School Publishing*. Retrieved at: http://go.achievers.com/rs/iloverewards/images/HBR_Achievers%20Report_The%20Impact%20of%20Employee%20Engagement%20on%20Performance.pdf
- Janssen, O. & Yperen, N. (2004). Employees’ Goal Orientations, The Quality of Leader-Member Exchange, and the Outcomes of Job Performance and Job Satisfaction. *Academy of Management Journal*, 47: 368 – 384.
- Kalish, B., Curley, M., Stefanov, S. (2007). An Intervention to Enhance Nursing Staff Teamwork and Engagement. *The Journal of Nursing Administration*, 37: 77-84.
- Loi, R., Chan, K.W., & Lam, L. (2014). Leader-member exchange, organizational identification, and job satisfaction: A social identity perspective. *Journal of Occupational and Organizational Psychology*, 87: 42 – 61. doi: 10.1111/joop.12028
- MacLeod, D., & Clarke, N. (2013). Engaging for Success: enhancing performance through employee engagement. (“The MacLeod Report”) *Report submitted to the U.K. Government*. Retrieved from: www.engageforsuccess.org/wp-content/uploads/2012/09/file52215.pdf
- Manojlovich, M. & Laschinger, H. (2002). The Relationship of Empowerment and Selected Personality Characteristics to Nursing Job Satisfaction. *Journal of Nursing Administration*, 32: 586 – 95.
- May DR, Gilson RL, Harter L (2004) The psychological condition of meaning fullness, safety, and availability and the engagement of the human spirit at work. *J Occup Organ Psychol* 77:11-37
- Maylett, T., & Warner, P. (2014). MAGIC: Five Keys of Employee Engagement. *Decisionwise: Leadership Intelligence, White Paper*. Retrieved at: www.decision-wise.com/pdf/white-papers/magic-the-five-keys-of-employee-engagement.pdf
- MCFD. “Preparing for COA Accreditation”. Retrieved at: www.mcf.gov.bc.ca/accreditation/pdf/preparing_for_coa.pdf
- Ontario Hospital Association. (2010). Quality and Patient Safety Governance Toolkit. Retrieved from: www.oha.com/KnowledgeCentre/Library/QPSGT/Documents/3-4%20Evaluating%20the%20Organization%27s%20Quality%20Improvement%20Capacity%20and%20Readiness%20for%20Change.pdf
- PDHHS. (2014). PDHHS Organizational Health Survey 2014. Unpublished internal document.

- Rogel, C. Employee Empowerment vs. Employee Engagement. *DecisionWise*. Retrieved at: www.decision-wise.com/employee-empowerment-vs-employee-engagement/
- Shortell, S., O'Brien, J., Carman, J., Foster, R., Hughes, E., Boerstler, H., & O'Connor, E. (1995). Assessing the Impact of Continuous Quality Improvement/Total Quality Management: Concept versus Implementation. *Health Services Research*, 32:2
- Spreitzer, Gretchen. (2007). Taking Stock: A review of more than twenty years of research on empowerment at work. In *The Handbook of Organizational Behavior*, C. Cooper and J. Barling eds. Sage Publications.
- Spreitzer, G. M., De Janesz, S., and Quinn, R. E. (1999). Empowered to lead: The role of psychological empowerment in leadership. *Journal of Organizational Behavior*, 20: 511-526.
- Quinn, R. E., & Spreitzer, G. M. (1997). The road to empowerment: Seven questions every leader should consider. *Organizational Dynamics*, Autumn, 26(2): 37-51.
- Valle, M. & Witt, L.A., (2001). The Moderating Effect of Teamwork Perceptions on the Organizational Politics-Job Satisfaction Relationship. *The Journal of Social Psychology*, 141: 379 – 388.
- Wong, C. A., & Lashinger, H. (2012) Authentic leadership, performance, and job satisfaction: the mediating role of empowerment. *Journal of Advanced Nursing*, Blackwell Publishing Ltd.
- World Health Organization. (2008). *Operations Manual for Staff at Primary Health Care Centres. Chapter 11: Quality Improvement (QI)*. Geneva, Switzerland: WHO Press.
- Zhao, X. W., Sun, T., Cao, Q., Duan, X, Fan, L., & Liu Y. (2012) The impact of quality of work life on job embeddedness and affective commitment and their co-effect on turnover intention of nurses. *Journal of Clinical Nursing*, 22: 780 – 788. doi: 10.1111/j.1365-2702.2012.04198.x

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